

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | T.C      |        | 02-06-01 |
| O.I.P.E. CLASSIFIER       |          | 10     | 5-2-01   |
| FORMALITY REVIEW          | cm       | 927    | 03/03/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

| Claim | Date   |
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If more than 150 claims or 10 actions  
staple additional sheet here

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